



South Coast Air Quality Management District

Form R1415.1

## Registration Form for Rule 1415.1 Refrigerant Usage for Refrigeration Systems

For online instructions and current fees, [click here](#).Mail To:  
SCAQMD—Area Sources  
21865 Copley Dr.  
Diamond Bar, CA 91765Tel: (909) 396-2390  
[www.aqmd.gov](http://www.aqmd.gov)

Operator Information									
1. Facility Name (Business Name of Operator):				2. Valid AQMD Facility ID (New business, leave blank):					
3. Owner's Business Name (only if different from Business Name of Operator):									
Equipment Location Address				Business Mailing Address					
4. Equipment Location Is:				5. Correspondence Information: Check here if same as equipment location address					
Street Address				Address					
City, CA Zip				City, State Zip					
Contact Name Title				Contact Name Title					
Phone # Ext. E-Mail				Phone # Ext. E-Mail					
Equipment Information/ Refrigerant Usage									
6. For each REFRIGERATION system at the above facility location that holds >50 lbs. of high global warming potential refrigerant, e.g., CFC (Chlorofluorocarbon), HCFC (Hydrochlorofluorocarbon), HFC (Hydrofluorocarbon), PFC (PERFLUOROCARBON), etc, please provide the following information:									
Unit > 50 lbs.	Manufacturer	Model Number	Serial Number	Refrigerant Type	Storage Capacity (lbs. of refrigerant)	Date of Last Audit/ Maintenance	Refrigerant Added Annually (lbs.) Usage Year ( )		
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
If there are more than 10 units please attach an additional form.									
Facility Business Information									
7. What type of business is being conducted at this equipment location?				8. What is your business primary NAICS Code (North American Industrial Classification System)?					
Authorization/Signature <i>I hereby certify that all information contained herein and information submitted with this application are true and correct.</i>									
9. Signature of Responsible Official:				10. Title of Responsible Official:					
11. Print Name:				12. Date:					
13. Check List: Authorized Signature/Date Fees Enclosed									
AQMD USE ONLY		APPLICATION TRACKING #		EQUIPMENT CATEGORY CODE:		FEE \$		VALIDATION	
DATE A R		ENG.A R DATE		CLASS I III Assignment Unit Engineer		CHECK/MONEY ORDER # AMOUNT \$		TRACKING #	